EDP Assessment Check-out Contract

Student Name:___________________________ Date:_____________________

Banner ID:@________________________ Phone Number: ___________________________

Student E-mail:______________________________________________________________

This represents a professional agreement between you, the student, and the Department of Educational Psychology. The purpose of this document is to allow you, as a student, the opportunity to check-out psychological assessment materials under the following conditions and with the outlined understandings and responsibilities. By initialing each statement and signing below you agree to the following:

I. I understand the legal and ethical requirements of each assessment I am checking out, including the process of administering the assessment as required by my course and instrument protocol. __________ (initial)

II. I understand that I am solely responsible for keeping the assessment materials in good condition. If an assessment is damaged while in my possession, then I am fully responsible for paying to replace the damaged materials or a hold will be placed on my academic account until payment is received by the Department of Educational Psychology. __________ (initial)

__________________________________________  ________________
Student Signature                      Date

__________________________________________  ________________
EDP Staff Signature                    Date